



**VOUCHER ABSTRACT -- FORM A-3**

State Form 22933 (R 3/1-96)  
Approved by State Board of Accounts, 1996.

**AGENCY NOTICE:**      Use this form as a cover transmittal for vouchers chargeable.  
Send two copies to the Auditor of the State of Indiana.

<b>DOCUMENT NUMBERS</b>
Starting Number
Ending Number
Date (Month, Day, Year)

<b>SIGNATURES FOR APPROVAL</b>	
Department of Administration Signature	
Date Received (Mo., Day, Yr.)	Date Approved (Mo., Day, Yr.)
Budget agency Signature	
Date Received (Mo., Day, Yr.)	Date Approved (Mo., Day, Yr.)

<b>AGENCY FILL IN</b>
Fund / Object / Center
Agency Name
Agency Number

<b>AGENCY LEAVE BLANK</b>
Control Group Number

<b>PAYEE</b> (Double space, use reverse side if necessary)	<b>AMOUNT</b>
<div>TOTAL: \$ -</div>	